

Case Number:	CM13-0048160		
Date Assigned:	07/02/2014	Date of Injury:	11/09/2004
Decision Date:	08/08/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 11/09/04. He injured his low back doing heavy lifting on a daily basis and has a diagnosis of disk degeneration. He had an initial orthopedic AME on 12/7/06. He had ongoing low back pain with tingling and numbness in both legs. He was status post lumbar laminectomy at L4 and L5 with mild residual chronic neuropathic changes. An EMG dated 10/20/13 showed chronic residual L4 and L5 radiculopathy with polyneuropathy. Norco was provided, along with Xanax and gabapentin. A formal pain management program was recommended. Spinal stimulation was under consideration. On 4/9/14, he had lumbar surgery and three days later felt a snap; a screw broke. He had revision surgery about a year later. He has had three spinal surgeries. He was told one of the cages moved and was compressing the spinal cord. No surgery was recommended. He was using Norco, Ambien, Xanax, and Neurontin. X-rays showed fairly significant findings with backing out of the interbody screw at L3-4. He was given tramadol for breakthrough pain. On 4/28/14, he was taking Ambien, Celebrex, Flexeril, and Norco, and was using a TENS unit. His pain was moderate to severe and radiated into his toes. He had associated clicking, tingling, numbness, tenderness, and other symptoms. On 6/10/14, Norco was modified by a reviewer. No refills were given. The certified quantity was for weaning. There were no urine drug screens in the file.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 10/325MG #240, REQUESTED 9/25/13 DISPENSE GENERIC UNLESS DAW:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94, 110.

Decision rationale: The MTUS outlines several components of initiating and continuing opioid treatment and states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The MTUS further explains that pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been done or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be followed and documented per the guidelines. The claimant's pattern of Norco use is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. Other medications have also been recommended and there is no evidence of intolerance or lack of effect to support the chronic use of opioids. No urine drug screens to determine compliance have been reported. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.